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shoots up into a vice—I mean pride (more strictly self-respect)—will render you immune to indifference and scorn. There is a quality, more often ascribed to men than to women, but perhaps as often found in one sex as the other, which Hazlitt once described thus in applying it to Charles Fox, the English statesman—"He was by nature a gentleman; by which I mean a person with a certain deference and respect for every human being." It is impossible to succeed in your career without a strong infusion of this quality; to which will naturally be joined that more feminine trait of pity, which finds its fine expression in the French suggestion: *Aux plus desherites le plus d'amour* ("The disinherited claim the most of our regard").

THE NECESSITY FOR SPECIAL TRAINING IN TUBERCULOSIS NURSING.

By ALICE E. STEWART, R.N.

Superintendent of Tuberculosis League of Pittsburgh, Pa.

IN the last few years, the one subject that perhaps more than any other has been occupying the minds of the medical profession, and the general public as well, has been the prevention of tuberculosis, the care of those affected with it, and what may be done to bring about their cure. Every medical journal you take up has articles on it; almost every medical convention has papers on the subject; and almost every city and town of any progressiveness whatever is beginning to take hold of the problem. Consequently, the demand for nurses trained and interested in the subject is steadily increasing.

Now it has been said, and we know it is true to a certain extent, that the nurses going out from our training schools know really very little of this great question. In a large number of cases their knowledge consists of little more than a determination that they know all they want to, and that they do not wish to have anything to do with patients affected with the disease. They may not all say they are afraid of it; but, as a rule, they are, and there is the problem—nurses needed, on the one hand, and nurses afraid of the whole question, on the other.

It is not surprising that nurses feel afraid of the disease. As a rule, their knowledge of it consists of a few cases seen in the hospital—hopeless, far advanced cases that are admitted for diagnosis and then remain, under protest as it were, until arrangements can be made to take them elsewhere. And, if we may ask the question—in how many of the training schools does the instruction in the disease consist of

more than one, or perhaps two, lectures and the same number of classes, the subject being presented by someone who has never yet felt a real, personal responsibility on the question, and who would not be expected to fill the pupils with a real, live interest in the subject?

But, on the other hand, you will hear that it is the people who know about the disease who are afraid; that it is this education of the public that has created such a fear of tuberculosis, and that the more nurses know of the real dangers the less they will have to do with it. The answer to this is that "A little learning is a dangerous thing," and the more nurses know of the question the more intelligently will they be able to protect themselves, and it is not "a little learning" but a great deal that they need.

To any one responsible for the nursing care of the patients in a hospital for tuberculosis, the all-important question is—How are our patients to be taken care of? Nowadays, when the question of hospital affiliation is receiving so much attention, it would seem as if this might be the solution: that the large general hospital, or the hospital with a limited medical service, might advantageously send its pupils for a certain period to the hospital caring for tuberculosis patients. In Pittsburgh, this plan of having undergraduate nurses from two or three of the large hospitals was put into operation by the Tuberculosis League and carried on for a short time; but did not prove to be a success. Just what was the cause of its failure it is hard to say; but in all probability, the fear of tuberculosis felt by the average undergraduate was largely responsible.

When undergraduate nurses were not available, then it was necessary to have graduates, as the untrained woman was wholly unsatisfactory; but in this institution, as in every other, the question of expense must be considered. We could not offer a salary which, in itself, would attract the good nurses, and we did not want the poor ones who, proving failures elsewhere, would be willing to give their services for very little.

As the demand for nurses who have had special training along this line is steadily increasing, it would seem that, granting the institution could really provide valuable instruction and experience, it would be reasonable to suppose that good nurses would be glad of the opportunity of fitting themselves for this special branch of nursing. It goes without saying that the institution must feel a real responsibility to the nurses, must provide lectures and class instruction, as well as a practical experience of the work in all the different departments; viz., care of early and advanced cases, and of the children in the open-air school, the method of conducting an out-patients' clinic, the visiting of patients

in their own homes, the method of presenting the subject in the schools, and so on.

Such a plan has proven successful in several tuberculosis institutions. In nearly all cases the students on completion of their post-graduate training have been recommended to positions to carry on the work elsewhere, and still the demand continues far greater than the supply.

DR. GRENFELL'S WORK IN NEWFOUNDLAND AND LABRADOR *

By MARY KEATING, R.N.
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DR. GRENFELL'S work is a branch of an English work amongst the deep-sea fishermen of that country. It is called the Royal National Mission to Deep Sea Fishermen, but this particular branch of the work is generally known in this country as "Dr. Grenfell's Mission" or the "Labrador Medical Mission." It is very natural it should be known as Dr. Grenfell's mission, for he is the one who has worked it up and made it the blessing it is in that northern part of Newfoundland and the Labrador coast. It was originally and still is a medical mission, but it is a modern, up-to-date mission, realizing the importance of getting at the cause and removing it if possible as well as healing those who are sick. There is a great deal of poverty and distress amongst the people, due largely to their having only one means of earning a living, namely, fishing. If it is a poor fishing season everyone suffers, and this last winter has been a hard, sad one for many of those people, owing to a very small catch of fish last summer.

Dr. Grenfell is combining with the medical work anything that is possible to help the people. He has established a good many co-operative stores where the people can get good prices for their fish and good provisions at reasonable rates. They have had to take the price the traders set and then not cash but often poor provisions in exchange, so that these stores are proving a great help to many. He has built a good school at St. Anthony and wants to have it for all the children, with thoroughly-trained teachers. The schools are church schools, each little hamlet has its several schools, one for each church represented by the people. It is impossible to get proper teachers for the small salary

* Read in part at the Fourteenth Annual Convention of the Nurses' Associated Alumnae, in Boston, June, 1911.